

PEEHIP MONTHLY INSURANCE REPORT

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PEEHIP MONTHLY INSURANCE REPORT

Reporting Deadline and Procedure

Reporting Deadline

The PEEHIP Monthly Insurance Report is due the **1st** of each month but must be received in the PEEHIP office no later than the **10th** of each month.

The Insurance Report is printed in duplicate. The original must be returned to the PEEHIP office and the copy should be retained for the reporting unit's file.

Name and Social Security Number

The employee's name and Social Security number must be reported to the claims administrator as they are shown on the PEEHIP Monthly Insurance Report and the Teachers' Retirement Contributions Report. Any deviation on either report may cause insurance problems for the employee. It is extremely important for the system to report the correct Social Security number from the beginning.

Changes

All handwritten changes must be made in **red ink** on the monthly printout. If the amount in the Current Remittance column differs from the amount submitted with the Report, strike through the incorrect computer amount once in **red ink** and write the correct amount to the right of the strikethrough. The correct amount should include the allocation and out-of-pocket amounts for the employee on this line and should be the total amount that will be posted to the employee's record.

Names and Social Security number changes must be made on the Teachers' Retirement Contribution Report and on the PEEHIP Monthly Insurance Report. To change the name or Social Security number shown on the report, draw a line through the name and/or number and write the correct name and/or number in **red ink** and send in a new ENROLLMENT FORM.

Adding New Employees

To add employees not shown on the Report for whom insurance deductions have been made, use the blank pages provided at the back of the report. Entries for new employees can be typed. The last name of the new employee must be printed first and the first name last. Follow the original Report format and submit needed information in the appropriate column(s).

Dropping or Deleting an Employee

To delete an employee from the report, a **red** line should be drawn through the entire line entry. Write "DROP" in the Change column in **red ink**.

If money is submitted with the Report for this employee, even if in error, the employee cannot be deleted until the next month's Report. A refund can be requested for premiums paid in error.

Last Deduction (Last Ded)

All systems are required to remit insurance premiums on a 12-month basis. The Last Deduction entry must always be coded 08 indicating that the last deduction for the coverage year will be taken from the August salary payment (for September coverage). The coverage year begins October 1 and continues through September 30 of the following year.

Deduction Remaining (Ded Rem)

The Deductions Remaining entry is the number of monthly deductions to be reported for the remainder of the coverage year, including the deduction that is being reported.

Example:

The October Report (which reports deductions taken from September salary) will show a 12 in the Deductions Remaining column; the November Report (reporting deductions taken from October salary) will show an 11 in the Deductions Remaining column.

Late Payment

Never combine money for different months. If a system owes money for previous months, a separate check for that amount should be attached to a copy of the billing from PEEHIP or a letter of explanation should be sent with the check.

Federally Funded Personnel

An employee paid from Federal funds will be given credit as an allocation Type 1. Employees who are partially paid by Federal funds should be considered a percentage of a full-time employee (full-time equivalent).

Military Leave

Employees who are on military leave and want to maintain their family coverage, should be coded 1 / 4 with coverage and only the out-of-pocket premium should be remitted. The allocation amount will be paid by PEEHIP. **(Military leave, or "ML", should be written by the premium every month.)**

Allocation Type and Code

The allocation code is a numerical code that indicates the insurance allocation applicable to the employee. The numerical codes are as follows:

Code	Type Allocation
0	Employee not entitled to an allocation but employee still has coverage and pays the full premium. (Out of pocket plus the allocation amount.)
1	Allocation--employee
2	Allocations--employee and spouse combining allocations (employee enrolled in Hospital/Medical insurance should be coded "2" allocation). Employee is receiving spouse's allocation.
3	Employee is on FMLA and system is paying allocation. Please note that the premium rates for members on a leave of absence will change October 1, 2004.
4	Allocation credited to spouse (employee sending allocation to spouse; employee should not be enrolled in Hospital/Medical insurance.
5	Employee not using allocation. All insurance coverage must be deleted from report but name of employee stays on report.

Partial Allocation Codes

The partial allocation code is a numerical code that indicates whether the employee is full-time or part-time. The numerical codes are as follows:

Code	Type Allocation
4*	Employee is full time and receiving full allocation
3	Employee is working $\frac{3}{4}$ time
2	Employee is working $\frac{1}{2}$ time
1	Employee is working $\frac{1}{4}$ time

* Computer reporting system automatically defaults to **4** (full-time) unless otherwise designated.

Coverage Types and Codes

Coverage types for which deductions are remitted are indicated by alphabetic codes. The code that appears on the Report indicates the coverage reported for the previous month.

To change the coverage, strike through the incorrect code and write in the correct code to the right. To drop coverage, strike through the coverage to be dropped. All changes should be made in **red ink**.

<u>Code</u>	<u>Coverage</u>
A	Individual
B	Family

If an employee has more than one optional plan, all must be either (A) single or (B) family optional plans.

Summary Page

The last page of the PEEHIP Monthly Insurance Report is the Summary Page. The person responsible for submitting the Report should sign and date the Report and provide a work phone number.

Instructions for Showing Balance Sequence

The BALANCE SEQUENCE FORM is to be reproduced and used by all systems whether reporting on disk or tape. This Balance Sequence format is already printed on the Summary Page of the Report generated by PEEHIP. Balance Sequence information must be shown on the balance page of every Report.

The computer generated total on Line 1 of the Monthly Insurance Report should never be changed. **Balance changes must be justified so that they can be reconciled.**

Reporting Specifications

- The September for October Report that the system receives from PEEHIP will automatically have the up-to-date premiums calculated on the Report.
- The RSA 3-letter ID stamp must be used on all forms, reports, and other correspondence submitted to RSA.
- Systems reporting on disk must always keep a back-up disk. Back-up disks should be kept for at least 12 months.
- Each system will receive a monthly appropriation for insurance and retirement and will be required to send the total health insurance premium to PEEHIP each month for each employee.
- Insurance premiums are deducted in advance; therefore, the deduction taken from salary paid in one month will provide for insurance coverage for the following month.

Example:

Deductions taken from September salaries will be reported no later than October 10 and will provide the premium for October insurance coverage.

- Charts A, B, and C, included at the end of this section, show the premium totals required for each type of insurance plan. In addition, the charts show the portion of the premium required by the employee and the portion of the premium required by the employer. It is imperative that each employer review these charts and make any necessary changes to their computer system and/or payroll system.

The premiums shown on these charts are based on a 12-month rate. All systems are required to report to PEEHIP using 12-month rates.

- Each employer must determine when an employee is required to pay the allocation. The employer must collect the premium from the employee since additional funding will not be available from the PEEHIP office.

Eligible Employees Entitled to a Full-time Allocation

Hourly employee: Must work at least 20 hours per week.

Contract employee: Employed full time by the employer.

Sample of PEEHIP Monthly Insurance Report

3 LETTER CODE

		Last Deduction is always coded 08			SEPTEMBER	TEACHERS STATE INSURANCE DEDUCTIONS FOR OCTOBER, 2004 COVERAGE BOARD OF EDUCATION						Strikethrough in red ink	
SSAN/NAME		LAST DED	DED REM	ALLOC CODE	PARTIAL ALLOC	BASIC	HMO	DENTAL	CANCER	INDEMNITY	VISION	CURRENT	CHANGE
555-55-5555 VICKS	DAN	08	06	1			B					717.00	
123-45-6789 WILSON	SUE	08	06	1		B		B	B			633.00	793.00
111-12-1111 ZEINA	JOE	08	06	1		A		A				623.00	
TOTAL INSURANCE REMITTANCE												2,133.00	

All changes must
be made in red ink.

Chart A

Charts of School and Employee Contributions PEEHIP & HMO Plans October 1, 2004 – September 30, 2005

Single

	Single Hospital Medical		Single and 1 Optional Plan		Single and 2 Optional Plans		Single and 3 Optional Plans		Single and 4 Optional Plans	
	School	Employee	School	Employee	School	Employee	School	Employee	School	Employee
1– 4: Full Allocation	\$583.00	\$2.00	\$583.00	\$40.00	\$583.00	\$78.00	\$583.00	\$116.00	\$583.00	\$154.00
0– 4: No Allocation	-0-	\$585.00	-0-	\$623.00	-0-	\$661.00	-0-	\$699.00	-0-	\$737.00
1 – 1: ¼ Allocation	\$145.75	\$439.25	\$145.75	\$477.25	\$145.75	\$515.25	\$145.75	\$553.25	\$145.75	\$591.25
1 – 2: ½ Allocation	\$291.50	\$293.50	\$291.50	\$331.50	\$291.50	\$369.50	\$291.50	\$407.50	\$291.50	\$445.50
1 – 3: ¾ Allocation	\$437.25	\$147.75	\$437.25	\$185.75	\$437.25	\$223.75	\$437.25	\$261.75	\$437.25	\$299.75

Family

	Family Hospital Medical		Family and 1 Optional Plan		Family and 2 Optional Plans		Family and 3 Optional Plans		Family and 4 Optional Plans	
	School	Employee	School	Employee	School	Employee	School	Employee	School	Employee
1– 4: Full Allocation	\$583.00	\$134.00	\$583.00	\$172.00	\$583.00	\$210.00	\$583.00	\$248.00	\$583.00	\$286.00
0– 4: No Allocation	-0-	\$717.00	-0-	\$755.00	-0-	\$793.00	-0-	\$831.00	-0-	\$869.00
1– 1: ¼ Allocation	\$145.75	\$571.25	\$145.75	\$609.25	\$145.75	\$647.25	\$145.75	\$685.25	\$145.75	\$723.25
1– 2: ½ Allocation	\$291.50	\$425.50	\$291.50	\$463.50	\$291.50	\$501.50	\$291.50	\$539.50	\$291.50	\$577.50
1– 3: ¾ Allocation	\$437.25	\$279.75	\$437.25	\$317.75	\$437.25	\$355.75	\$437.25	\$393.75	\$437.25	\$431.75

Optional Plans

	1 Optional Plan		2 Optional Plans		3 Optional Plans		4 Optional Plans	
	School	Employee	School	Employee	School	Employee	School	Employee
1– 4: Full Allocation	\$583.00	-0-	\$583.00	-0-	\$583.00	-0-	\$583.00	-0-
0– 4: No Allocation	-0-	\$38.00	-0-	\$76.00	-0-	\$114.00	-0-	\$152.00
1 – 1: ¼ Allocation	\$145.75	-0-	\$145.75	\$38.00	\$145.75	\$76.00	\$145.75	\$114.00
1 – 2: ½ Allocation	\$291.50	-0-	\$291.50	-0-	\$291.50	\$38.00	\$291.50	\$76.00
1 – 3: ¾ Allocation	\$437.25	-0-	\$437.25	-0-	\$437.25	-0-	\$437.25	\$38.00

Chart B

Charts of Premium Totals to Remit PEEHIP & HMO Plans October 1, 2004 – September 30, 2005

Single

	Single Hospital Medical	Single and 1 Optional Plan	Single and 2 Optional Plans	Single and 3 Optional Plans	Single and 4 Optional Plans
1 – 4: Full Allocation	\$585.00	\$623.00	\$661.00	\$699.00	\$737.00
0 – 4: No Allocation	\$585.00	\$623.00	\$661.00	\$699.00	\$737.00
1 – 1: ¼ Allocation	\$585.00	\$623.00	\$661.00	\$699.00	\$737.00
1 – 2: ½ Allocation	\$585.00	\$623.00	\$661.00	\$699.00	\$737.00
1 – 3: ¾ Allocation	\$585.00	\$623.00	\$661.00	\$699.00	\$737.00

Family

	Family Hospital Medical	Family and 1 Optional Plan	Family and 2 Optional Plans	Family and 3 Optional Plans	Family and 4 Optional Plans
1 – 4: Full Allocation	\$717.00	\$755.00	\$793.00	\$831.00	\$869.00
0 – 4: No Allocation	\$717.00	\$755.00	\$793.00	\$831.00	\$869.00
1 – 1: ¼ Allocation	\$717.00	\$755.00	\$793.00	\$831.00	\$869.00
1 – 2: ½ Allocation	\$717.00	\$755.00	\$793.00	\$831.00	\$869.00
1 – 3: ¾ Allocation	\$717.00	\$755.00	\$793.00	\$831.00	\$869.00

Optional Plans

	1 Optional Plan	2 Optional Plans	3 Optional Plans	4 Optional Plans
1 – 4: Full Allocation	\$583.00	\$583.00	\$583.00	\$583.00
0 – 4: No Allocation	\$38.00	\$76.00	\$114.00	\$152.00
1 – 1: ¼ Allocation	\$145.75	\$183.75	\$221.75	\$259.75
1 – 2: ½ Allocation	\$291.50	\$291.50	\$329.50	\$367.50
1 – 3: ¾ Allocation	\$437.25	\$437.25	\$437.25	\$475.25

*An employee should be coded 5-4 allocation when the employee is not using the allocation but the system is still required to pay the allocation amount. In this case, insurance coverage should be deleted from the report but the name and Social Security number of the individual and the allocation amount should stay on the report. The allocation amount is \$499.00 per month beginning October 1, 2003.

Chart C

Contributions When Members Are Combining Allocations

October 1, 2004 – September 30, 2005

	Family Hospital Medical			Family Hospital Medical and 1 Optional Plan			Family Hospital Medical and 2 Optional Plans			Family Hospital Medical and 3 Optional Plans			Family Hospital Medical and 4 Optional Plans		
	School (Receiving)	School (Transferring)	Employee	School (Receiving)	School (Transferring)	Employee	School (Receiving)	School (Transferring)	Employee	School (Receiving)	School (Transferring)	Employee	School (Receiving)	School (Transferring)	Employee
2 – 8 4 – 4 Full Allocation	\$583.00	\$583.00	-0-	\$583.00	\$583.00	\$38.00	\$583.00	\$583.00	\$76.00	\$583.00	\$583.00	\$114.00	\$583.00	\$583.00	\$152.00
2 – 5 4 – 1 ¼ Allocation	\$583.00	\$145.75	-0-	\$583.00	\$145.75	\$38.00	\$583.00	\$145.75	\$76.00	\$583.00	\$145.75	\$114.00	\$583.00	\$145.75	\$152.00
2 – 6 4 – 2 ½ Allocation	\$583.00	\$291.50	-0-	\$583.00	\$291.50	\$38.00	\$583.00	\$291.50	\$76.00	\$583.00	\$291.50	\$114.00	\$583.00	\$291.50	\$152.00
2 – 7 4 – 3 ¾ Allocation	\$583.00	\$437.25	-0-	\$583.00	\$437.25	\$38.00	\$583.00	\$437.25	\$76.00	\$583.00	\$437.25	\$114.00	\$583.00	\$437.25	\$152.00